

Exhibit 6455a, CHECKLIST FOR DECEASED INMATES (6400)
(June 2000)

ATTACHMENT A

CHECKLIST FOR DECEASED INMATES

| | |
|----------------------|------------------------------|
| Name of Inmate _____ | Next of Kin _____ |
| Number _____ | Address _____ |
| Date of Birth _____ | Phone Number _____ |
| Release Date _____ | Date and Time of Death _____ |
| Place of Birth _____ | Place of Death _____ |
| Citizen _____ | |

IMMEDIATELY NOTIFY WITHIN TWO HOURS

| | |
|--|---|
| _____ Warden/AOD | _____ Camp Commander |
| _____ Chief Deputy Warden | _____ Assoc. Warden/Program Services |
| _____ Coroner | _____ Local Law Enforcement Agency (Sheriff, Chief of Police) |
| _____ Office of Health Care Services, Institutions | _____ Chief Medical Officer |
| _____ Investigative Lt./Designee | _____ Deputy Director, Institutions |
| _____ District Attorney | |

WRITTEN NOTICE TO FOLLOW WITHIN EIGHT HOURS ON CDC FORM 7229, REPORT OF DEATH

WITHIN FOUR HOURS A WRITTEN REPORT OF INCIDENT TO:

| | |
|-------------------------------|--|
| _____ Warden | _____ Chief Deputy Warden |
| _____ Assoc. Warden/ | _____ Sr. Acc. Officer Business Services |
| _____ Corr. Case Rec. Manager | _____ Captain |
| _____ Property Officer | _____ Chaplain |

WITHIN 24 HOURS NOTIFY AND SEND REPORT TO:

| | |
|--------------------------------|--|
| _____ County District Attorney | _____ Office of Health Care Services, Institutions |
|--------------------------------|--|

____ Deputy Director,
Institutions Division

Attorney General, Bureau of Criminal Statistics
P.O. BOX 903427
Sacramento, CA

____ Incident Report

____ Coroner's Report
cc: Medical

____ Death Certificate

____ Fingerprint Cards(2)

MISCELLANEOUS INFORMATION AND FORMS

____ CDC Form 7229
Report of Death
cc: Medical

____ V S - 11
Certificate of Death
cc: Medical

____ CDC Form 138 or FD249
Fingerprint Card

____ CDC Form 123
Body Receipt
cc: Control
Watch Off. Original
Mortuary (2)
CCRM

____ CDC Form 7219
Medical Report of
Injury or Unusual
Occurrence

____ Information required for
Death in Custody Reporting

____ CDC Form 837
Crime Incident Report

____ SCIF 3067, State
Compensation Ins. Fund

____ Trust Office notified
and account Frozen

____ CDC Form 143, Property
Transfer Receipt

____ Probate form mailed
(to next of kin)

____ \$200 Release Funds

____ Family notified
(Chaplain) (CMO)

____ Telegram(to next of kin)

____ Negotiable certificate

____ Contact consulate if
Foreign National
(within 72 hours)

____ Immigration and
Naturalization Officer

____ Counselors report

File: inmates

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